

## Guidelines for Psychiatric Assessment of Pilots and Controllers

When required for a safety determination by the FAA, a psychiatric evaluation should contain adequate information to determine whether a problem exists, including significant negatives. This should include but not be limited to the following information that may present physical limitations in normal safety sensitive duty. This assessment should normally be type written and performed by a physician who is Board Certified in Psychiatry though a narrative from a PhD level psychologist may also be acceptable. VFS does not recommend routine neuropsychological testing unless specifically directed. Assessment should include a multi-axial assessment:

Axis I	Clinical disorders
Axis II	Personality Disorders
Axis III	General Medical Conditions
Axis IV	Psychosocial and Environmental Problems
Axis V	Global Assessment of Functioning

Provide all records covering prior psychiatric hospitalizations and/or other psychiatric treatment or observations. Specific dosages and dates of any psychotropic medications should be included. Usual elements of history should include past history, family history, and current mental status. The following areas should also be addressed:

**Personal/Primary Support Group** – Anxiety, depression, insomnia, suicidal thoughts or attempts, personality changes (argumentative or combative), loss of self-esteem, isolation etc.

**Social Environment** – Family problems, separation, divorce, irresponsibility, abuse, child/spousal issues

**Legal** – Alcohol-related traffic offenses, public intoxication, assault and battery

**Educational/Occupational** – Absenteeism or tardiness at work, reduced productivity, demotions, frequent job changes, loss of job

**Medical** – Blackouts, memory problems, stomach, liver, or cardiovascular problems, sexual dysfunction, plus any medications and/or continued treatment plans

**Economic** – Frequent financial crises, bankruptcy, loss of home, lack of credit

**Interpersonal Adverse Affects** – Separation from family, friends, associates, etc.

**Additional Factors** – Tolerance, withdrawal, loss of control, episodes of hospitalization and determining factors that led to hospitalization and discharge summaries. Include any work-related or life-limiting activities

**DIAGNOSIS (DSM IV):** 5-Axis format is required.

When appropriate, specific information about the quality of recovery should be provided. When psychotropic medications were required, the specific dates of treatment and progress since that period needs clear explanation.

Typically narrative should also be supported with appropriate progress notes if available. Additional testing may be required after initial case review.